



Assessing Asthma Friendly School Policies and Practices Outcomes Report Form

School Nurse Name(s): _____ County: _____

DUE DECEMBER 15, 2010

Return to:

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Questions:

1. How did you get access to your school's (or school district's) policies? Did you experience any difficulties in obtaining permission to review the policies?
2. Did you find the asthma friendly school policy checklist form to be helpful? Are there any changes that you would suggest we make to the form? If so, what are they?
3. To whom did you present your results? Number of people in the audience _____
Types of people in the audience (e.g., school administrators and school board members):

4. How did you arrange a time to give your presentation? Did you face any challenges in arranging a meeting time?
5. How were your suggestions received by the school board/administration? Have any action steps been taken by the school board/administration as a result of the suggestions that you made?
6. Did you find the PowerPoint presentation template to be useful? Do you have any suggestions for modifications that the Montana Asthma Control Program could make to the template in the future?
7. Would you recommend this particular project for other school nurses? Why or why not?

Data:

1. Please send a copy of your completed PowerPoint presentation(s) to Matthew Herington at mherington@mt.gov. Asthma Control Program staff may analyze information contained in the presentation for program evaluation purposes.